

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. NAME (Last, First, Middle Initial) WALTER DEAN	2. GRADE Co 72nd Engr Constr Bn	3. DATE OF SEPARATION 5 Oct 47	4. PLACE OF SEPARATION Camp Stoneman California
5. PERMANENT ADDRESS FOR MAILING PURPOSES 11 Union St Ipswich Mass	6. DATE OF BIRTH 13 May 28	7. PLACE OF BIRTH Ipswich Mass	8. DATE OF ENTRY INTO SERVICE 18 Mar 46
9. ADDRESS FROM WHICH EMPLOYMENT WILL BE SECURED See 9	10. COLOR EYES Blue	11. COLOR HAIR Brown	12. HEIGHT 5' 7 1/2"
13. WEIGHT 155	14. CIVILIAN OCCUPATION AND NO. Sales Clerk 1-70-10	15. NO. OF DEPENDENTS 0	

16. DATE OF INDUCTION 16 Apr 46				17. DATE OF ENTRY INTO ACTIVE SERVICE 16 Apr 46				18. PLACE OF ENTRY INTO SERVICE Ft. Devens Mass			
19. COUNTY AND STATE Mass				20. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE See 9				21. MILITARY QUALIFICATION AND DATE (If S, Infantry, Cavalry and mark with badges, etc.) S N-1 Rifle 143			
22. MILITARY OCCUPATIONAL SPECIALTY AND NO. Ordnance Construction 059				23. BATTLES AND CAMPAIGNS None				24. DECORATIONS AND CITATIONS World War II Victory Medal Army of Occupation Medal Japan			
25. WOUNDS RECEIVED IN ACTION None				26. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN None				27. DATE OF DEPARTURE 6 Aug 46			
28. DATE OF RETURN 21 Aug 46				29. DATE OF DEPARTURE 14 Aug 47				30. DATE OF RETURN 28 Aug 47			
31. HIGHEST GRADE HELD Sgt				32. TOTAL LENGTH OF SERVICE 1 Yr 4 Mo 27 D				33. TOTAL AMOUNT OF DISBURSING None			
34. PAY DATA None				35. INSURANCE NOTICE None				36. INTENTION OF VETERAN TO None			

37. PAY DATA None				38. INSURANCE NOTICE None				39. INTENTION OF VETERAN TO None			
40. PAY DATA None				41. INSURANCE NOTICE None				42. INTENTION OF VETERAN TO None			
43. PAY DATA None				44. INSURANCE NOTICE None				45. INTENTION OF VETERAN TO None			
46. PAY DATA None				47. INSURANCE NOTICE None				48. INTENTION OF VETERAN TO None			
49. PAY DATA None				50. INSURANCE NOTICE None				51. INTENTION OF VETERAN TO None			
52. PAY DATA None				53. INSURANCE NOTICE None				54. INTENTION OF VETERAN TO None			
55. PAY DATA None				56. INSURANCE NOTICE None				57. INTENTION OF VETERAN TO None			
58. PAY DATA None				59. INSURANCE NOTICE None				60. INTENTION OF VETERAN TO None			
61. PAY DATA None				62. INSURANCE NOTICE None				63. INTENTION OF VETERAN TO None			
64. PAY DATA None				65. INSURANCE NOTICE None				66. INTENTION OF VETERAN TO None			
67. PAY DATA None				68. INSURANCE NOTICE None				69. INTENTION OF VETERAN TO None			
70. PAY DATA None				71. INSURANCE NOTICE None				72. INTENTION OF VETERAN TO None			
73. PAY DATA None				74. INSURANCE NOTICE None				75. INTENTION OF VETERAN TO None			
76. PAY DATA None				77. INSURANCE NOTICE None				78. INTENTION OF VETERAN TO None			
79. PAY DATA None				80. INSURANCE NOTICE None				81. INTENTION OF VETERAN TO None			
82. PAY DATA None				83. INSURANCE NOTICE None				84. INTENTION OF VETERAN TO None			
85. PAY DATA None				86. INSURANCE NOTICE None				87. INTENTION OF VETERAN TO None			
88. PAY DATA None				89. INSURANCE NOTICE None				90. INTENTION OF VETERAN TO None			
91. PAY DATA None				92. INSURANCE NOTICE None				93. INTENTION OF VETERAN TO None			
94. PAY DATA None				95. INSURANCE NOTICE None				96. INTENTION OF VETERAN TO None			
97. PAY DATA None				98. INSURANCE NOTICE None				99. INTENTION OF VETERAN TO None			
100. PAY DATA None				101. INSURANCE NOTICE None				102. INTENTION OF VETERAN TO None			

WD AGO FORM 53
1 JUL 47



CERTIFICATE OF GRADUATION

THIS IS TO CERTIFY THAT

PFC GERARD J RATHE II 152 201

HAS SUCCESSFULLY COMPLETED a **4 1/2** WEEKS COURSE FOR THE MOS OF **583**

ENGINEER SUPPLY, SEMI-SKILLED AT THE

EUROPEAN COMMAND ENGINEER SCHOOL

MURNAU, GERMANY, **22 DECEMBER 1948**

James A. Dennis
CAPT CORPS OF ENGINEERS
CHIEF, DEPT. OF MECH SUBJECTS

James A. Dennis
MAJOR CORPS OF ENGINEERS
DIRECTOR OF ACADEMIC DIVISION

William J. ...
LT COL CORPS OF ENGINEERS
COMMANDANT

AUTHORIZATION TO REPORT

INSTRUCTIONS.—Present this authorization when reporting for the service indicated below. If you are unable to report, or if you have moved to a locality other than shown below, please notify this office and return this authorization immediately. But do not report until new authorization is received. Change of address or inability to report on date indicated may be noted in the blank space on the reverse side of this form.

FOR USE OF ORIGINATING OFFICE

1. DATE

6-6-51

2. CLAIM NO.

15 787 077

C-

5. NAME AND ADDRESS OF VETERAN

TO—

Mr. Gerard J. Rathe
22 Central St.
Ipswich, Mass.

3. NAME AND ADDRESS OF ISSUING VA OFFICE

Veterans Administration
Regional Office
One Beacon St.
Boston 8, Massachusetts

4. AUTHORIZED BY

Rita E. Flanagan
RITA E. FLANAGAN
Designate-C. M. O.

6. REPORT TO

MEDICAL DIVISION
1st Floor

7. ADDRESS

17 Court Street
Boston 8, Massachusetts

AND RETURN

8. FOR (Specify purpose)

EXAMINATION
For Compensation Purposes

9. WHEN TO REPORT

FRIDAY, JUNE 15, 1951 at 8:30 a.m.

10. REMARKS

It is necessary to report promptly at the time indicated; otherwise your appointment will be cancelled.
If unable to keep this appointment, return this form immediately (Attn: Medical Examination Group, with your reason indicated in the blank space on the back. For telephone inquiries contact Medical Service Unit, LA-3-8600.
Failure to notify this office will automatically cancel your examination, and if you are in receipt of pension or compensation benefits, your payments may be suspended.

11. YOU ☒ ARE ☐ ARE NOT AUTHORIZED TO TRAVEL AT GOVERNMENT EXPENSE

THIS SPACE FOR USE ONLY WHEN TRANSPORTATION AT GOVERNMENT EXPENSE IS AUTHORIZED

12. ALLOTMENT ACCOUNT SYMBOL

L. S. 3610100-001
3001-3610-0220

13. ESTIMATED COST OF TRAVEL

45.262

(Insert number of TR, method of travel authorized, etc.)

PRE-EXAMINATION INSTRUCTIONS FOR MORNING G. I. SERIES:

1. Eat a light supper the night before examination.
2. Eat NO breakfast or fluid of any kind.
3. Report to X-ray Department, 2nd floor, at 9:00 A.M., on 15 June '51.
4. If for any reason you cannot keep this appointment, please notify this office at LA3-7500, Extension 304.

8600

322

Present your transportation request to the ticket agent; show your meal request to the person in charge of meals. Any unused request forms, tokens, or tickets should be presented when you report or mailed to issuing VA office.

In the space above will be entered the number and type of enclosures. For example, TR's or tickets for railroad, bus, Pullman, etc.; meal ticket and lodging authorizations and/or authorization for travel by other than common carrier; or authorization for reimbursement on a mileage basis or for actual expenses incurred.

WILLIAM H. BATES
SIXTH DIST., MASS.

COMMITTEE:
ARMED SERVICES

Congress of the United States
House of Representatives
Washington, D. C.

Salem, Mass.

26 November 1954

Mr. Gerard J. Rathe,
56 Peabody Street,
Salem,
Massachusetts.

Dear Mr. Rathe:

With further reference to your desire to be permitted to reenlist in the Regular Army; I have been giving the matter my continued personal attention and am attaching hereto a communication today received from the Office of The Adjutant General that is self-explanatory. Upon receipt of any further report, I shall at once get in touch with you.

With cordial good wishes, I am,

Very truly yours,

William H. Bates

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1 Enc



DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO
AGSE-W 201 Rathe, Gerard J.
(15 Nov 54)

23 NOV 1954

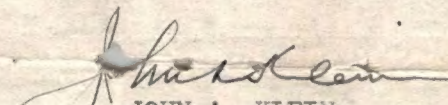
Honorable William H. Bates
House of Representatives

Dear Mr. Bates:

I refer to your recent expression of personal interest in behalf of Mr. Gerard J. Rathe, 56 Peabody Street, Salem, Massachusetts, who desires to reenlist in the Regular Army.

Before a determination can be made as to Mr. Rathe's eligibility for reenlistment in the Regular Army, it is necessary to obtain his previous military records. When the records are received and a decision is reached, I shall promptly advise you.

Sincerely yours,


JOHN A. KLEIN
Major General, USA
The Adjutant General